



**CITY OF LAKE WORTH, TEXAS**  
**APPLICATION FOR EMPLOYMENT**  
*An Equal Opportunity Employer*

*It is the policy of the City of Lake Worth not to discriminate in its hiring or employment practices on the basis of race, sex, age, religion, national origin, genetic information, or disability.*

**PRINT IN BLACK INK OR TYPE.** Fill out application completely, if questions are not applicable, enter 'N/A'. Do not leave questions blank. Be sure to sign when completed. Failure to do so could mean loss of employment opportunities. Resumes will not be accepted in lieu of applications, but may be included with the application.

The Immigration Reform and Control Act of 1986 requires that only American Citizens and aliens authorized to work in this country be employed. If hired, you will be required to show proof of citizenship or right to work in this country.

Position Applying For: \_\_\_\_\_

Last Name	First Name	Middle	Social Security Number
Street Address	Apartment #	City	State Zip
Phone #	E-Mail address		
<input type="checkbox"/> Full Time <input type="checkbox"/> Week Ends <input type="checkbox"/> Part-Time <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Other _____			

Have you ever been employed by the City of Lake Worth?  Yes  No

If yes, show title of position held, department and period of employment: \_\_\_\_\_

Are you related to any employee of the City of Lake Worth, City Council, or any other Board or Commission member?

Yes  No. If yes, list person and relationship: \_\_\_\_\_

**EDUCATION AND TRAINING**

Name of High School:	City and State:	Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Technical/Trade School:	City and State:	
Name of College or University:	City and State:	Did you Graduate from Technical school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of College or University:	City and State:	Did you Graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note Degrees and Types:	Total College Hours:

Other Training Received: \_\_\_\_\_

**MILITARY**

Have you ever served in the U.S. Armed Forces?  Yes  No. If yes, specify branch: \_\_\_\_\_

Dates of Active Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**CITIZENSHIP**

Are you a U. S. Citizen?  Yes  No If no, do you have the legal right to work in the United States?  Yes  No

***If not a U.S. Citizen, proof of the right to work in the United States must accompany this application.***

**DRIVING AND CONVICTION RECORD**

Drivers License Number: \_\_\_\_\_ State:  Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you been found guilty of any moving violations within the past 3 years?  Yes  No.

If yes, complete the following:

Charge	Date	Location

Have you ever been convicted of an offense other than a moving violation?  Yes  No. *(An arrest or conviction of a crime will not automatically exclude you from employment, however omission of information will.)*

If yes, complete the following:

Charge	Date	Location

**KNOWLEDGE AND SKILLS**

List your computer skills and software application experience: \_\_\_\_\_

\_\_\_\_\_

List machines or equipment you have operated: \_\_\_\_\_

\_\_\_\_\_

Special licenses or registrations: \_\_\_\_\_

\_\_\_\_\_

List any additional technical skills or professional knowledge that would support your application: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List at least 3 people who are not related to you who would have knowledge of your qualifications for this position, such as former co-workers, teachers, etc.

Name	City/State	Telephone Number	Business or Occupation

**EMPLOYMENT HISTORY**

Start with your current or most recent position. Include any military experience and account for all periods of employment and unemployment. Employer addresses must be complete mailing addresses, including city, state, and zip code. This page may be copied if additional space is needed. May we contact your present employer?  Yes  No  N/A

Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Current/Final Salary or Wages:					
Immediate Supervisor's Name:	Reason for Leaving:					
Summary of Duties						

Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Final Salary or Wages:					
Immediate Supervisor's Name:	Reason for Leaving:					
Summary of Duties						

Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Final Salary or Wages:					
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Employer:	Start Date			End Date		
	Month	Day	Year	Month	Day	Year
Address, City, State, & Zip:	Position/Title:					
Employer's Phone Number:	Final Salary or Wages:					
Immediate Supervisor's Name:	Reason for Leaving:					
Summary of Duties						

**ADDITIONAL INFORMATION**

In the space below, provide any additional information that you feel may be helpful in the City's consideration of your application for employment.

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.**

1. I certify that my answers to the above questions are true and complete to the best of my knowledge. Furthermore, I understand that any future employment is subject to termination if any of the above information is found to be false or inaccurate, regardless of the time that elapses before such false information is discovered.
2. I hereby agree to submit to medical examinations, including drug screens, both as a pre-employment condition of hiring, as well as condition of continued employment.
3. I understand that as a condition of employment, I will be required to furnish proof of age, and proof of the right to work in the United States.
4. I understand that an investigative report (including a Computerized Criminal History Verification) may be made and hereby authorize all persons, schools, companies, and consumer reporting agencies and other organizations to supply information concerning my background/previous employment and I release all such parties from all liability from any damages which may result from furnishing such information to the City of Lake Worth.
5. I understand that I have a right to disclosure of such information reported, as provided for by law. I understand and accept the conditions of this statement.
6. I understand employment with the City of Lake Worth is at-will and may be terminated at any time by either party.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## DPS Computerized Criminal History (CCH) Verification

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information that I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

City of Lake Worth

Agency Name

\_\_\_\_\_  
Agency Representative Name

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

### For Agency Use Only

CCH Report Printed?

Yes  No  Initial \_\_\_\_\_

Purpose of CCH: \_\_\_\_\_

Hired? Yes  No  Initial \_\_\_\_\_

Date Printed: \_\_\_\_\_ Initial \_\_\_\_\_

Destroyed Date: \_\_\_\_\_ Initial \_\_\_\_\_

Retain in your files